



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 100,000 to all RNs and LPNs

Volume 7 No. 4

November, December 2005, January 2006

Message From the President

Authored by Teri A. Murray, PhD, RN
Board President

Many nurses were seriously affected by the devastating affects of Hurricane Katrina. Nurses attempting to relocate to Missouri requested temporary permits to practice within the state. Several nurses were unaware of the statute which governs transportation of patients across state lines. The Nursing Practice Act [RSMo 335.081. (7)] indicates that a licensed nurse from another state does not have to obtain a Missouri license if the nurse's engagement requires such nurse to accompany and care for a patient temporarily residing in the state for a period not to exceed six months." This Statute limits the provision of care to the accompanied patient and prohibits the provision of care to patients who were not transported and/or in the nurse's care.



Murray

Blunt declared "a state of emergency in Missouri occasioned by the impending influx of substantial numbers of hospitalized individuals from the disaster stricken regions of Louisiana, Mississippi, Florida, and Alabama to affiliated health care facilities in the State of Missouri. This influx of patients will compromise the ability of Missouri health care providers to care for existing patients as well as evacuees, creating a substantial risk to the safety and welfare of the inhabitants of the State of Missouri . . . I do *suspend* the operation of any statutory requirements or administrative rules regarding the licensing, certification or issuance of permits evidencing professional skills for the healthcare providers accompanying and providing direct care to evacuees in affiliated health care facilities." In the subsequent order the Governor directed ". . . all state agencies to facilitate the temporary licensure of any health care providers accompanying and/or providing direct care to evacuees." Both orders applied only to health professionals who COME WITH AND CARE FOR EVACUEES. Each Executive Order can be viewed in its entirety at the respective website: Executive Order 05-26 http://www.gov.mo.gov/eo/2005/eo05_026.htm and Executive Order 05-27 http://www.gov.mo.gov/eo/2005/eo05_027.htm.

The second order had very little impact on the Board of Nursing since the process to obtain a temporary permit to practice in the state was already in place. However, the Board of Nursing did expedite the permit process and waive the cost of the permit to all nurses affected by the hurricane.

The declaration of a state of emergency allowed the Missouri Department of Health and Senior Services to query the Licensed-Professionals Emergency and Disaster Registry (LEAD-R). LEAD-R serves as an official registry of licensed professionals willing to volunteer services during a state of emergency.

Katrina challenged the Boards of Nursing in the affected states. Alabama's Board was able to remain fully functional. The nurses who wished to volunteer services in Alabama were instructed to contact the American Red Cross or the Department of Health and Human Services.

Message from the President cont. to page 4

Executive Director Report

Authored by Lori Scheidt, Executive Director

Fiscal Year 2005 Statistics

The 2005 fiscal year for Missouri State government began July 1, 2004 and ended June 30, 2005.

Number of uninvestigated complaints carried over from FY2004	198
Number of new complaints received in FY2005	659
Total number of investigations completed in FY2005	644
Total remaining number of complaints requiring an investigation at the end of FY2005	213

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation. **During FY2005, the Board closed 644 complaints.**

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.



Scheidt

We are pleased to announce that **Clarissa P. McCamy, LPN** was appointed to the Board of Nursing on July 19, 2005 by Governor, Matt Blunt. Clarissa graduated from the N.S. Hillyard School of Practical Nursing in 1981. She has been an LPN for the past 24 years.

Clarissa is employed as a Clinical Office Nurse at Heartland Clinic, within Heartland Health Systems. She has been employed with the health system in the clinic setting since 1997. Clarissa works closely with Heartland Clinic administration where she assists with the start up of new clinics. Clarissa assists with the education of new employees as well as education regarding Joint Commission inspections and protocols.

She serves on several committees within Heartland Clinic. Clarissa has worked in several different specialty areas and enjoys being a nurse and caring for people.

She is married and has a daughter. Her hobbies include traveling with her family. She also enjoys working along side her husband in the medical field. Join us in welcoming Clarissa to the Board of Nursing!



McCamy

New Board Member Appointed by Governor Blunt

GOVERNOR

The Honorable Matt Blunt

DEPARTMENT OF ECONOMIC DEVELOPMENT

Gregory A. Steinhoff, Director

DIVISION OF PROFESSIONAL REGISTRATION

Alison Craighead, Director

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Cynthia A Suter, BS, JD, *Public Member*

Charlotte York, LPN, *Member*

EXECUTIVE DIRECTOR

Lori Scheidt, BS

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Inside this issue....

Making a Difference, One Life at a Time . . .	4
Discipline Corner	5
Education Corner	6
Practice Corner	10
Investigations Corner	12
Licensure Corner	13
Scheduling of Pseudoephedrine Products .	14
A Tale of Two States	15
Disciplinary Actions	16-21

Executive Director Report cont. to page 3

DISCLAIMER CLAUSE

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IMPORTANT TELEPHONE NUMBERS	
Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2006

December 7-9, 2005	September 6-8, 2006
March 1-3, 2006	December 6-8, 2006
June 7-9, 2006	

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

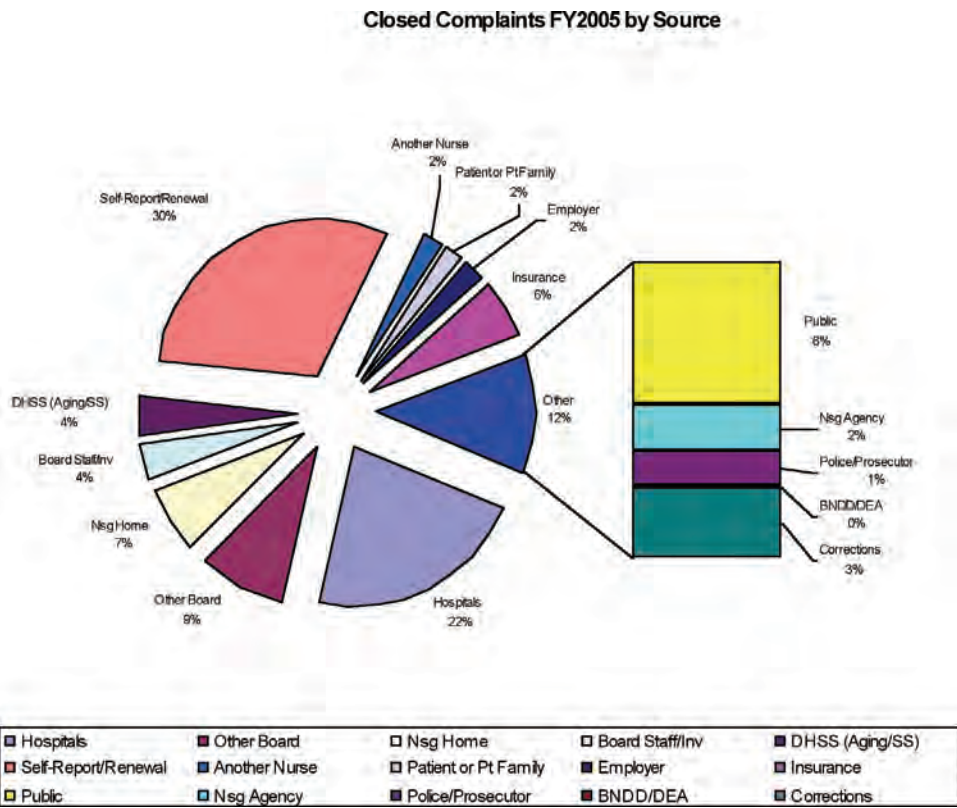
Note: Committee Meeting Notices are posted on our Web site at <http://pr.mo.gov>

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI
As of November 2, 2005

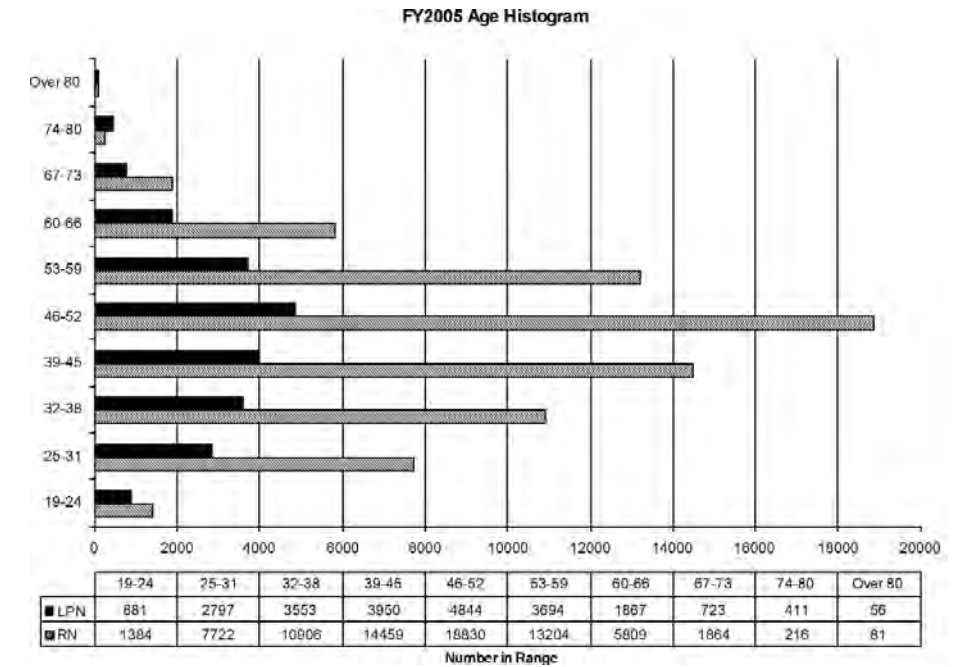
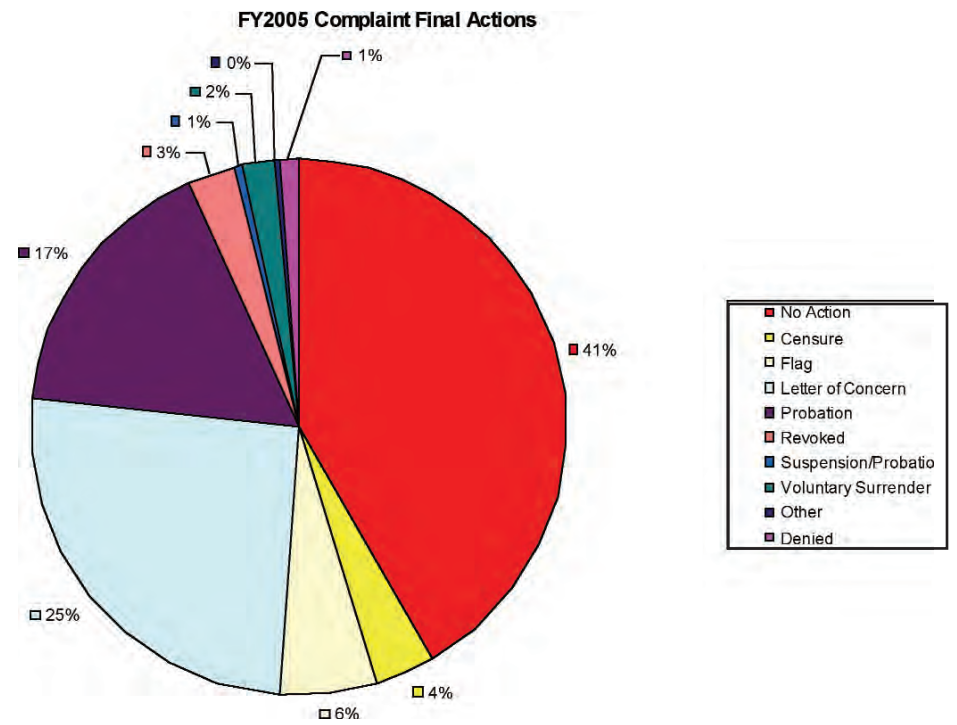
Profession	Number
Licensed Practical Nurse	23,635
Registered Professional Nurse	77,614
Total	101,249

Executive Director Report cont. from page 1

• Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri. The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 644 complaints and 166 application reviews for a total of 810.



The next chart shows the actions taken by the Board for those complaints and application reviews.

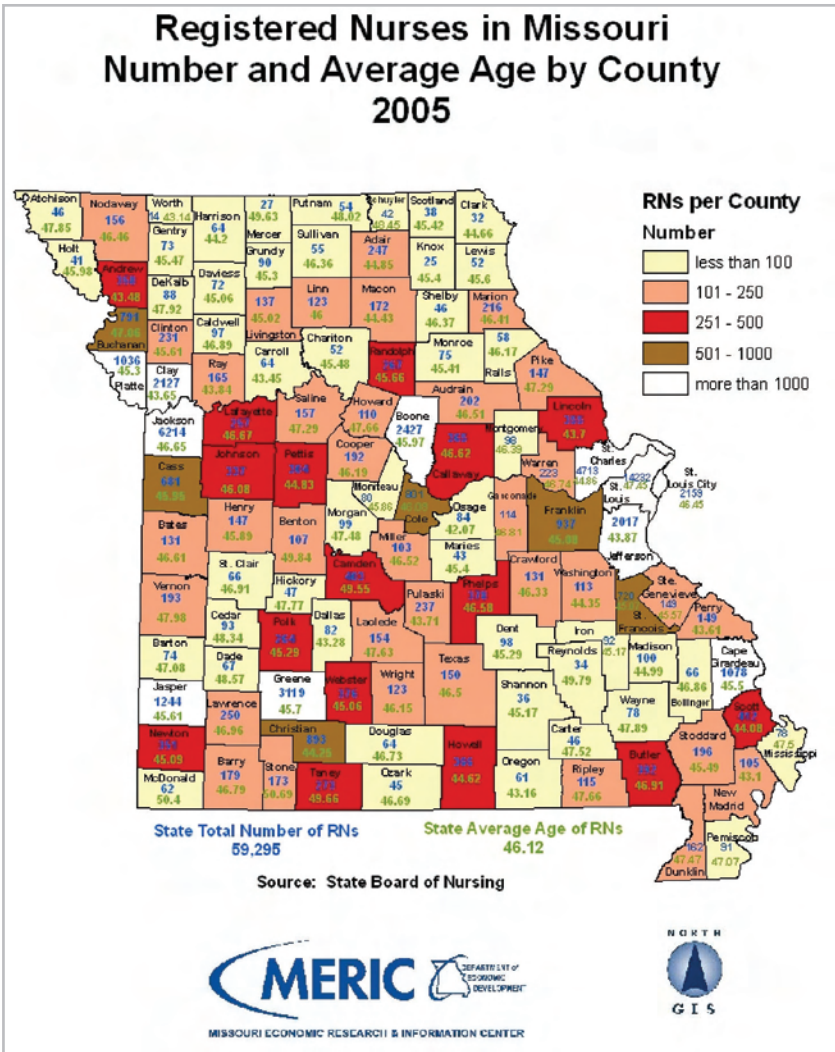
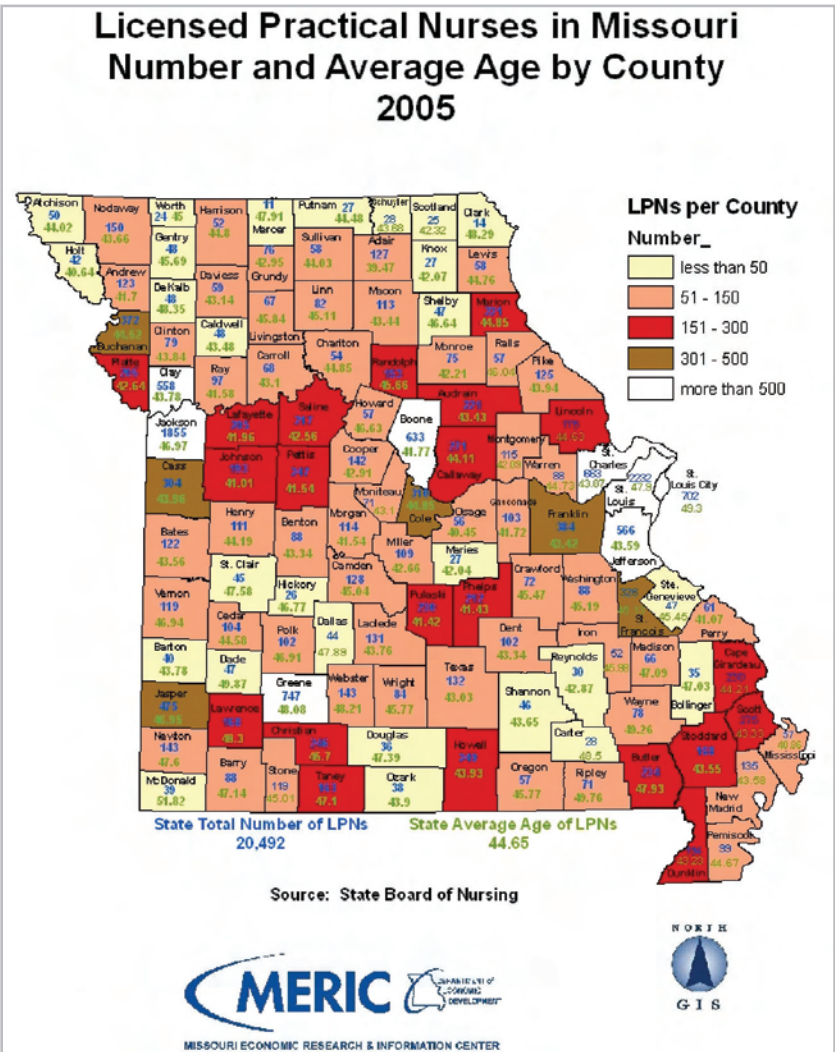


	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	2243	1272
Licensure by Endorsement	2324	335
Licensure by Renewal of a Lapsed or Inactive License	1192	730
Number of Nurses holding a current nursing license in Missouri as of 6/30/2005	74,642	22,590

Licensure staff answered 54,085 licensure related telephone calls during the fiscal year. This represents about an 11% increase from last year.

Licensure Database Information

Average Age of RNs = 46.12. Last year the average age was 45. Average Age of LPNs = 45.13. Last year the average age was 44. The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2005.



Making a Difference, One Life at a Time

Board Member, Linda Conner, BSN, RN

Edited by Becki Hamilton

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board’s Mission Statement:

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.



Conner

This series will focus on each of the Board members and their contributions to the profession of nursing. Linda Conner, BSN, RN from Greentop, Missouri is the focus of this article.

Q—How long have you been a nurse?

A—I have been a nurse for 34 years. I began my nursing career as a Licensed Practical Nurse in 1971, obtained my Associate of Arts Degree in 1993 and my Bachelor of Science in Nursing degree in 1994.

Q—What kinds of nursing care have you provided?

A—Over the years I have served in a number of capacities as a nurse. I have worked Med-Surg, Recovery Room, Pediatrics and NICU. I have been the Director of Nurses at two long-term care facilities and at a Critical Access Hospital. I have taught in an ADN program and currently work for a rheumatologist.

Q—Describe something that made you glad you chose to be a nurse.

A—I knew since high school that I wanted to be a nurse. In the small community I grew up in the largest population was geriatrics. This particular group of people has always been dear to my heart. Interacting with this group, learning their life stories and caring for their needs always results in my life being enriched. In return, they are quick to show appreciation for the care provided.

Q—What are some of the challenges you faced as a nurse?

A—The same challenges faced by nurses everywhere including dealing with shortage of nurses and caring for more critically ill patients. With the average age of LPNs at 44.9 and of RNs at 46-47, it should concern all nurses that there is a great need for more people to enter the nursing workforce. With rising health care costs and/or lack of insurance, individuals are waiting longer to seek medical care. This delay results in patients with more critical and urgent needs requiring nursing care.

Q—How did you become a board member?

A—I first became interested in becoming a Board member when I took my first class of 40 ADN students from Moberly Area Community College to visit a Board Meeting. We caravanned to Jefferson City. While there I spoke with some of the people about being a Board member. Later I applied to become a Board member and was appointed March 2003.

Q—How long have you served on the Missouri State Board of Nursing?

A—I have served for 3 1/2 years.

Q—What did you want to accomplish?

A—The protection of the public. Not only is it the responsibility of the Board to protect the public, but it is pertinent that every licensed nurse should do their part to be responsible for ensuring that protection.

Q—What changes have occurred during your tenure as a board member?

A—Some of the licensure changes include the ability to renew on-line and the issuance of plastic, credit-card type licenses. In addition, the ability to register to volunteer in cases of emergency (LEAD-R) has been implemented. The recent hurricane in Louisiana evidenced the need for this type of program.

Q—What have you contributed as a member of the board?

A—Each and every Board member, including myself, brings to the table their own areas of expertise making the Board stronger as a whole.

Q—What is something that you have learned that you did not expect to as a result of your experience on the Board?

A—I was amazed to learn how little value some individuals place on their chosen profession. I feel it is a great honor to be a nurse and I would not wish to jeopardize my ability to care for my patients.

Q—How would you describe your experience as a board member?

A—Being a Board member is definitely the highlight of my nursing career. Not only has my knowledge increased as I have become more familiar with regulation of nursing, but the opportunity to interact with the Board members and other individuals is something I will never forget.

Q—What would you tell someone interested in becoming a board member?

A—I would recommend that they talk to a Board member. It is important to understand that much time, effort and dedication is needed to excel as a Board member. Not only are there quarterly meetings of the Board, but regular conference calls are also conducted.

Q—How have you made a difference to the profession of nursing?

A—The biggest difference I have made is with my teaching. I have always enjoyed helping students determine their future in nursing. I have encouraged students with doubts about their chosen field and helped them to be open-minded to all options available in nursing.

New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin) may practice in Mississippi pursuant to licensure as a RN or LPN in any of these states.

Mississippi is also a member of the Nurse Licensure Compact and individuals with unrestricted multistate licenses from the following states of Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin may practice pursuant to the privilege to practice under Compact law. For individuals not licensed in any of the above states, the nurse would need to apply for a temporary permit.

Missouri is not a member of the Nurse Licensure Compact. As a result, the Governor must declare a state of emergency in order to enact licensure exemptions during an emergency. To date, eighteen states have enacted the Nurse Licensure Compact with two states (New Jersey and New Hampshire) pending implementation. For more information or to track the progress of the Nurse Licensure Compact, visit www.ncsbn.org and click on Nurse Licensure Compact.

The Board of Nursing offers our sympathies to those victimized by Hurricane Katrina. I would also like to take this opportunity to thank those nurses who called to volunteer his or her services for disaster assistance.

Message from the President cont. from page 1

The Louisiana Board of Nursing had to be relocated. The Governor of Louisiana issued an Executive Order effective until September 25th allowing that “Louisiana state licensure laws, rules, and regulations for medical professionals and personnel be suspended for those professionals and personnel from other states offering medical services to those needing medical services as a result of this disaster provided that said out-of-state medical professionals and personnel possess current state medical licenses in good standing in their respective states of licensure and that they practice in good faith, and within the reasonable scope of his or her skills, training or ability.”

The Mississippi Board, a member of the Emergency Management Compact which provides that when a state of emergency is declared by the Governor, nurses licensed in 45 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Congress Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire,

Discipline Corner

PROBATION VIOLATION HEARINGS— DISCIPLINARY HEARINGS WHEN DO THEY OCCUR AND HOW ARE THEY DIFFERENT?

 Authored by Liz Cardwell, RN, M.Ed.
 Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN
- Cindy Suter, BS, JD
- Amanda Skaggs RNC,
WHNP
- K’Alice Brienig, RN, MN



Cardwell

I am writing this article to facilitate the reader’s understanding of how a probation violation hearing and disciplinary hearing occur and how they differ from one another. Each type of hearing will be discussed so that you may be well informed of what occurs at Board meetings during the hearing process.

Disciplinary hearings and probation violation hearings are held by the Board at their quarterly Board meetings. Hearings are open to the public. Frequently, schools of nursing will bring a class of students to observe discussions and activities at the Board meeting and are often present during the hearings. A nursing student’s understanding of the Nurse Practice Act (“NPA”) is enhanced during this process. A court reporter is present during hearings to accurately record what takes place; the licensee may have legal representation should he/she choose to do so.

In order to understand more clearly the difference between probation violation hearings and disciplinary hearings, it is important to have an understanding of the basic process of discipline and what occurs after a nurse has violated the NPA. In fact, most disciplinary actions do not involve a hearing during the disciplinary process. If the Board determines that a violation of the NPA has occurred, the complaint is referred to the Attorney General’s Office (“AG’s office”) to pursue discipline through one of two processes, informal or formal.

During the informal process of discipline, the AG’s office sends a draft complaint (the behavior being disciplined for) and a copy of the investigative report to the licensee. After 30 days pass (required by statute), the AG’s office sends a settlement agreement to the nurse; the settlement agreement contains the factual allegations for which discipline is sought and the disciplinary terms authorized by the Board. The licensee has 60 days to review the agreement. If the licensee agrees with the facts and terms the licensee signs the agreement and returns it to the AG’s office. Within the settlement agreement, the licensee must indicate whether they want the Administrative Hearing Commission (“AHC”) to review the document. This review is not a hearing but rather an opportunity for the licensee to have the AHC determine that there is cause for discipline based on the factual allegations in the agreement. If the AHC determines that cause does exist, the AHC issues a Consent Order and terms of the agreement are immediately effective. In the past, I have spoken with disciplined licensees who

erroneously ‘assumed’ that asking for an AHC review would result in a hearing where the content of the agreement would be discussed. If the licensee opts not to have the AHC review the agreement, the discipline becomes effective 15 days following the date it is signed by the Board’s Executive Director.

The formal process of discipline ensues if the licensee refuses to sign the agreement or if the AG files the complaint with the AHC without proceeding through an informal process. In this case, the AG’s office files the complaint at the AHC; the AHC then schedules an evidentiary hearing to determine if a cause for discipline exists. Thirty days after filing the complaint, the AG’s office may offer the licensee a joint stipulation to the licensee that waives (no hearings would be held) both the AHC hearing and the Board hearing—the joint stipulation contains the disciplinary terms authorized by the Board. If the licensee agrees with the facts and terms, the licensee signs the stipulation, returns it to the AG who then files the stipulation with the AHC. If the AHC approves the stipulation, a Consent Order is issued and the discipline immediately goes into effect.

If the licensee agrees with the facts but does not agree with the terms offered (the disciplinary requirements, e.g. employer evaluations, drug screens, etc.), the AG can offer the licensee a joint stipulation that waives only the AHC hearing. If the licensee agrees, he/she returns the signed stipulation to the AG’s office, it is filed with the AHC and if the AHC approves the stipulation (the AHC finds that the licensee has violated the NPA), a Consent Order is issued and a disciplinary hearing is scheduled before the Board. (Remember, the licensee waived the AHC hearing but not the Board of Nursing hearing). The licensee is sent a Notice of Hearing with the date, time and place of the disciplinary hearing and a copy of the Complaint and the AHC decision. During a disciplinary hearing, the licensee may present evidence concerning mitigating circumstances and the type of discipline to be imposed; the disciplinary hearing is not a forum for whether or not the nurse should be disciplined because the AHC has already determined that there has been a violation of the NPA.

There are instances where no settlement can be reached and the AHC hearing goes forward. If after the hearing, the AHC determines that the licensee’s action has violated the NPA and that cause for discipline exists, a disciplinary hearing is scheduled with the Board of Nursing. After the hearing, the Board deliberates to determine what, if any, discipline should be imposed, including the requirements (terms) of the discipline; e.g. continuing education, drug screens etc. The Board then issues a Board Order to the licensee in the form of a legal document which identifies the terms of the discipline. The Board Order becomes effective the day it is signed by the Board’s Executive Director. The licensee may appeal the Board Disciplinary Order to the Circuit Court within 30 days after the Disciplinary Order is mailed or delivered to the licensee.

A violation hearing is held when a licensee, who is currently disciplined, doesn’t abide by the requirements of the agreement or Board Order (e.g. not submitting required documentation or violating the NPA, etc). The Board refers the probation violation information to the A.G.’s office to prepare the case. A Notice of Hearing and attached documents are sent to the licensee; the attached documents include a copy of the agreement and a complaint that describes the licensee’s lack of compliance with the terms of the agreement. During a violation hearing, the A.G. presents facts regarding the probation violation behaviors and how these behaviors were in violation of the agreement. The licensee has an opportunity to present information that he/she sees fit to present. The Board decision, after hearing all of the information from the hearing, may result in further discipline.

In closing, I hope that this article has assisted you in developing a clearer understanding of the probation and violation hearings process.

Education Corner



Authored by Marilyn K. Nelson, RN, MA
Education Administrator

**Missouri State Board of Nursing
Education Committee Members:**

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- Cynthia Suter, BS, JD
- Kay Thurston, ADN, RN

It’s that time of year. This issue of the Newsletter contains the NCLEX® pass rates for all Board of Nursing approved nursing programs in Missouri that lead to an initial nursing license. The testing period was July 1, 2004 to June 30, 2005.

First, let me remind or inform you what the current Minimum Standards for Approved Programs of Professional and Practical Nursing require in regards to pass rates. The licensure examination performance of first time candidates from each nursing program is to be at least 80% for each fiscal year (July 1 through June 30). The first year that a program has less than an 80% pass rate, a report identifying contributing factors and outlining a plan of action to resolve the situation must be submitted to the Board of Nursing. The second consecutive year that there is less than an 80% pass rate, the program is placed on



Nelson

Conditional Approval status and the program administrator appears before the Board of Nursing. A nursing program remains on Conditional Approval status until it has two consecutive years of pass rates of 80% or better. Nursing programs are recognized as having Initial, Full, or Conditional Approval status by the Board of Nursing.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were again above the national pass rate for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national pass rates include the 50 states plus the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands.

The national pass rate on the NCLEX-RN® for the 2004-2005 period was 86.15%. Graduates of Missouri baccalaureate, associate degree and diploma programs achieved an 88.12% pass rate. This ranks the performance of Missouri first time candidates within the upper fourth nationally. In fact, Missouri ranked lucky number 13! Nationally, there again was a slight decline in the RN examination pass rate from the previous period—86.62% in 2003-2004 to the current 86.15% The implementation of a revised test plan which took effect April 1, 2004 probably contributed to the slight decrease. Historically, there has been a corresponding decrease in pass rates when the NCLEX-RN® test plan is changed. In Missouri, RN examination pass rates slipped from 88.47% for 2003-2004 to the current 88.12% which mirrors the national picture.

For the NCLEX-PN® examination, the national pass rate is 89.97%. First time candidates of Missouri practical nursing programs achieved a 92.82% pass rate which ranks Missouri in the upper fifty percent nationally. Nationally, there was an increase in the PN examination pass rate from the previous test period—88.69% in 2003-2004 to the current 89.97%. The pass rate for Missouri first time candidates also increased from 91.95% in 2003-2004 to the current 92.82%. A revised NCLEX-PN® test plan took effect April 1, 2005 so its impact may not be noticeable

until the next reporting period. Historically, the PN licensure pass rates have been greater than the RN pass rates on both the state and national level.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas, and Oklahoma, the rankings have changed a bit from last year. For the NCLEX-RN® examination, Missouri ranks second and Nebraska first with a pass rate of 88.48%. This is a reversal of last year. The pass rates on the RN exam ranged from 82.53% to 87.32% for the other five states. For the NCLEX-PN® examination, Iowa again had the highest pass rate of the seven states with a 94.90%. Missouri is third in the ranking, same as last year, with a pass rate of 92.82%. Kansas ranked second with 93.61%. The other four states had pass rates ranging from 91.76% to 92.72%. Three of the neighboring states had RN exam pass rates below the national level and none of the states were below the national for the PN exam. The nursing programs in the Midwest are doing well in preparing nurses.

Another interesting note is that again there were more first time candidates in Missouri taking both the NCLEX-RN® and NCLEX-PN® examinations for the 2004-2005 period. There were 2,180 first time candidates taking the RN exam compared with 1,743 in the 2003-2004 period. An increase of 337. There was an increase of 176 first time candidates for the PN examination—1,282 in 2004-2005 compared with 1, 106 for the past year. Several programs have increased enrollments and/or added evening/weekend or accelerated tracks to accommodate those people interested in pursuing a nursing education. Nursing education continues to experience a shortage of qualified nursing faculty and increases in the number of nursing students translates into increased competition for use of clinical sites to provide appropriate learning experiences.

Fourteen nursing programs in Missouri had pass rates of 100% for the 2004-2005 testing period—three associate degree and eleven practical nursing programs. You will find these programs listed elsewhere in this Newsletter. Four practical nursing programs have had two consecutive years of 100% pass rates. One associate degree nursing program (St. Louis Community College—Florissant Valley) and two practical nursing programs (Mineral Area College and South Central Career Center) have each had three consecutive years of 100% pass rates.

The hard work and commitment of the nursing faculty in all of the nursing programs in Missouri is greatly appreciated. Graduates of the programs are commended for their performance on the licensure examinations and are welcomed additions to the number of licensed nurses practicing in Missouri.

FIVE YEAR PASS RATES
PRACTICAL NURSING PROGRAMS

NAME OF PROGRAM	Num. of classes per year	Approved number of students per class	7/00-6/01	7/01-6/02	7/02-6/03	7/03-6/04	7/04-6/05	#Students tested on Fiscal Report 2004-2005
Applied Technology Services/West 17-154 Chesterfield, MO	2	24	82.80%	90.00%	97.30%	96.77%	100.00%	30
Applied Technology Services/MET 17-100 Wellston, MO	2	24	N/A	N/A	N/A	100.00%	100.00%	35
Boonslick Area Vocational Technical School 17-166 Boonville, MO	1	24	90.00%	92.30%	100.00%	100.00%	93.33%	15
Cape Girardeau Career and Technology 17-167 Cape Girardeau, MO	1	27	100.00%	100.00%	100.00%	100.00%	96.15%	26
Cass Career Center 17-129 Harrisonville, MO	1	32	94.40%	94.10%	95.45%	95.45%	100.00%	20
Columbia Public Schools 17-199 Columbia, Mo	2	32	82.90%	71.40%	82.69%	82.93%	95.35%	43
Concord Career Institute 17-194 Kansas City, MO	2	30	N/A	N/A	N/A	90.00%	89.66%	29
Deaconess College of Nursing/On-Line 17-110 St. Louis, MO	2	90	N/A	N/A	N/A	100.00%	100.00%	12
Eldon Career Center 17-108 Eldon, MO	1	25	100.00%	95.00%	94.12%	95.65%	100.00%	14
Franklin Technology Center 17-195 Joplin, MO	1	32	85.70%	90.90%	86.36%	92.59%	96.30%	27
Gibson Area Vocational Technical School 17-164 Reeds Spring, MO	1	40	85.00%	95.70%	100.00%	100.00%	96.30%	27
Hannibal Public School 17-193 Hannibal, MO	1	30	100.00%	100.00%	100.00%	91.67%	94.12%	17
Hillyard Technical Center 17-189 St. Joseph, MO	1	35	96.35%	96.20%	94.44%	93.75%	90.91%	22
Jefferson College 17-174 Hillsboro, MO	1	60	100.00%	96.60%	100.00%	100.00%	95.24%	42
Kennett Area Vocational Technical School 17-169 Kennett, MO	1	20	100.00%	100.00%	100.00%	100.00%	93.33%	15
Kirksville Area Vocational Technical School 17-186 Kirksvile, MO	1	27	77.35%	81.35%	100.00%	93.75%	92.00%	25
Lebanon Technology and Career Center 17-120 Lebanon, MO	1	30	N/A	N/A	N/A	N/A	95.24%	21
Lex La-Ray Technical Center 17-105 Lexington, MO	1	28	100.00%	90.00%	100.00%	100.00%	81.82%	22
Mineral Area College 17-192 Park Hills, MO	1	32	94.40%	94.75%	100.00%	100.00%	100.00%	23
Moberly Area Community College 17-183 Moberly, MO	1	32	85.70%	78.60%	100.00%	94.74%	92.00%	25
Moberly Area Community College 17-161 Mexico, MO	1	30	83.30%	100.00%	100.00%	100.00%	95.83%	24
Nevada Regional Technical Center 17-187 Nevada, MO	1	30	88.20%	80.00%	83.33%	88.89%	84.21%	19
Nichols Career Center 17-190 Jefferson City, MO	1	35	100.00%	86.70%	80.00%	78.26%	90.48%	21
North Central Missouri College 17-185 Trenton, MO	1	65	93.50%	100.00%	94.12%	100.00%	100.00%	27
Northland Career Center 17-102 Platte City, MO	1	29	83.30%	100.00%	84.62%	95.45%	93.10%	29
Northwest Technical School 17-179 Maryville, MO	1	25	90.00%	93.80%	72.73%	100.00%	100.00%	19
Ozarks Technical Community College 17-198 Springfield, MO	2	31	91.70%	100.00%	100.00%	100.00%	97.62%	42
Penn Valley Community College 17-157 Kansas City, MO	2	90	82.70%	91.70%	85.19%	92.79%	88.46%	104
Pike/Lincoln Technical Center 17-168 Eolia, MO	1	25	89.50%	87.50%	84.21%	95.24%	95.24%	21
Poplar Bluff School District 17-153 Poplar Bluf, MO	1	24	100.00%	92.90%	92.86%	90.91%	100.00%	20
Rolla Technical Institute 17-184 Rolla, MO	1	40	92.00%	96.20%	96.77%	96.15%	88.89%	27
Saline County Career Center 17-175 Marshall, MO	1	22	69.20%	71.40%	88.24%	90.00%	76.19%	21
Sanford Brown College/KC 17-152 North Kansas City, MO	2	35	87.10%	100.00%	95.65%	87.10%	87.50%	56
Sanford Brown College/St. Charles 17-104 St. Charles, MO	3	40	95.20%	100.00%	84.62%	84.09%	94.62%	93
Sikeston R-6/Sikeston 17-188 Sikeston, MO	1	50	92.10%	90.00%	83.33%	83.33%	92.86%	42
South Central Area Vocational Technical School 17-177 West Plains, MO	2	31	100.00%	97.15%	100.00%	100.00%	100.00%	26
St. Charles Community College 17-150 St. Peters, MO	1	60	100.00%	75.00%	77.78%	88.46%	76.47%	34
St. Louis College of Health Careers/Butler Hill 17-170 St. Louis, MO	2	30	90.05%	65.50%	72.73%	64.86%	78.38%	37
State Fair Community C College 17-182 Sedalia, MO	1	36	96.60%	100.00%	87.50%	93.55%	96.43%	28
Texas County Technical Institute 17-135 Houston, MO	1	30	100.00%	N/A	84.62%	88.46%	100.00%	26
Warrensburg Area Vocational Technical School 17-172 Warrensburg, MO	1	30	90.90%	89.50%	87.50%	90.48%	94.74%	19
Washington School of Practical Nursing 17-176 Washington, MO	1	35	88.25%	88.00%	91.67%	91.18%	93.33%	30
Waynesville Technical Academy 17-165 Waynesville, MO	1	36	92.60%	83.30%	90.48%	91.30%	88.00%	25

DIPLOMA DEGREE PROGRAMS

NAME OF PROGRAM		Num. of classes per year	Approved number of students per class	7/00-6/01	7/01-6/02	7/02-6/03	7/03-6/04	7/04-6/05	#Students tested on Fiscal Report 2004-2005
Lutheran School of Nursing St. Louis, MO	17-392	2	62.	67.60%	92.00%	100.00%	82.35%	87.50%	40

ASSOCIATE DEGREE NURSING PROGRAMS

NAME OF PROGRAM		Num. of classes per year	Approved number of students per class	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	7/04-6/05	#Students tested on Fiscal Report 2004-2005
Barnes-Jewish College of Nursing 17-420 St. Louis, MO		3	75	82.90%	75.30%	84.42%	86.32%	86.86%	137
Columbia College 17-412 Columbia, MO		2	40	100.00%	85.00%	90.00%	94.12%	86.84%	38
Crowder College 17-410 Neosho, MO		1	90	93.50%	95.80%	96.00%	87.50%	93.62%	47
Deaconess College of Nursing 17-415 St. Louis, MO		2	20	42.90%	75.00%	73.33%	90.91%	91.66%	12
Deaconess College of Nursing /On Line 17-430 St. Louis, MO		2	100	N/A	N/A	N/A	66.67%	42.10%	19
East Central College/Union 17-470 Union, MO		1	24	93.80%	73.70%	62.50%	88.00%	80.00%	10
East Central College/Ur Rolla 17-426 Rolla, MO		1	21	90.00%	85.70%	50.00%	92.86%	75.00%	16
Fort Leonard Wood/Lincoln University 17-416 Fort Leonard Wood, MO		1	40	84.00%	89.70%	61.90%	77.14%	92.00%	25
Hannibal La-Grange College 17-472 Hannibal, MO		1	30	55.60%	80.00%	100.00%	75.00%	83.33%	6
Jefferson College 17-460 Hillsboro, MO		1	60	88.10%	94.40%	100.00%	90.00%	89.29%	28
Lester L. Cox College of Nursing 17-425 Springfield, MO		2	60	92.50%	93.50%	80.28%	83.58%	86.73%	98
Lincoln University/Jefferson City 17-467 Jefferson City, MO		2	30	95.20%	82.40%	83.33%	93.55%	83.33%	48
Mineral Area College 17-466 Park Hills, MO		1	48	73.10%	88.20%	87.50%	90.48%	90.91%	44
Missouri State University 17-400 West Plains, MO		1	45	75.00%	90.50%	91.89%	75.00%	76.92%	39
Moberly Area Community College 17-474 Moberly, MO		2	35	94.10%	87.80%	93.94%	90.48%	96.88%	32
North Central Missouri College 17-405 Trenton, MO		1	40	89.20%	89.20%	75.00%	70.37%	100.00%	17
North Central Missouri Outreach 17-475 Maryville, MO		1	25	N/A	N/A	100.00%	93.33%	100.00%	22
Park University 17-411 Parkville, MO		1	40	78.90%	86.70%	85.19%	80.00%	94.44%	36
Penn Valley Community College 17-485 Kansas City, MO		2	70	89.30%	89.30%	92.98%	88.35%	91.74%	109
Sanford Brown College/St. Charles 17-421 St. Charles, MO		1	30	N/A	87.50%	87.50%	88.00%	76.00%	25
Southeast Missouri Hospital College of Nursing and Health Sciences 17-424 Cape Girardeau, MO		1	70	87.50%	72.70%	93.10%	85.00%	81.25%	32
St. Charles Community College 17-468 St. Peters, MO		1	120	92.60%	94.60%	94.12%	94.12%	86.89%	61
St. John's College of Nursing and Health Sciences Springfield, MO 17-418		2	125	93.50%	98.10%	92.21%	92.94%	89.01%	91
St. Louis Community College/Flo Valley 17-464 St. Louis, MO		2	60	83.20%	87.50%	100.00%	100.00%	100.00%	19
St. Louis Community College/Forest Park 17-476 St. Louis, MO		3	55	89.50%	74.20%	64.10%	87.88%	87.50%	56
St. Louis Community College/Meramec 17-477 St. Louis, MO		2	60	95.00%	87.90%	95.35%	89.47%	93.06%	72
State Fair Community College 17-408 Sedalia, MO		2	30	85.70%	84.80%	90.91%	79.17%	84.85%	33
Three Rivers Community College 17-437 Sikeston, MO		1	26	88.90%	77.30%	81.82%	77.78%	88.46%	26
Three Rivers Community College 17-462 Poplar Bluff, MO		2	60	80.00%	91.70%	100.00%	89.66%	91.18%	34

BACCALAUREATE NURSING PROGRAMS

NAME OF PROGRAM		Num. of classes per year	Approved number of students per class	7/00-6/01	7/01-6/02	7/02-6/03	7/03-6/04	7/04-6/05	#Students tested on Fiscal Report 2004-2005
Avila University 17-554 Kansas City, MO		1	50	87.50%	78.95%	92.86%	83.33%	88.00%	25
Blessing-Rieman College of Nursing/Quincy IL 17-504/Quincy, IL		1	65	88.00%	100.00%	86.96%	83.00%		24
Central Methodist University 17-509 Fayette, MO		1	50	69.20%	58.80%	100.00%	85.71%	80.00%	15
Central Missouri University 17-573 Warrensburg, MO		2	40	92.00%	100.00%	96.00%	92.86%	93.02%	43
College of Nursing at the University of Missouri St. Louis, MO 17-506		3	100	91.20%	90.90%	97.26%	97.73%	90.83%	109
Deaconess College of Nursing 17-500 St. Louis, MO		2	100	89.40%	88.40%	90.48%	69.23%	83.33%	24
Graceland University 17-508 Independence, MO		1	50	63.30%	86.70%	87.88%	79.17%	86.11%	36
Lester L. Cox College of Nursing 17-512 Springfield, MO		2	130	N/A	N/A	N/A	100.00%	87.50%	8
Maryville University of St. Louis 17-501 St. Louis, MO		1	140	84.60%	89.30%	75.68%	91.11%	81.40%	43
Missouri Southern State University 17-510 Joplin, MO		1	60	94.70%	100.00%	84.85%	76.00%	85.00%	40
Missouri State University 17-550 Springfield, MO		1	40	N/A	N/A	N/A	N/A	N/A	N/A
Missouri Western State College 17-502 St. Joseph, MO		2	50	93.00%	90.90%	89.29%	92.98%	78.87%	71
Research College of Nursing 17-566 Kansas City, MO		2	125	88.90%	83.30%	81.25%	87.64%	95.51%	89
Sinclair School of Nursing 17-582 University of Missouri Columbia Columbia, MO		3	53	85.65%	88.30%	92.73%	92.00%	94.02%	117
Southeast Missouri State University 17-563 Cape Girardeau, MO		2	35	93.90%	87.20%	83.02%	87.80%	66.67%	30
St. Louis University 17-588 St. Louis, MO		3	120	92.50%	96.30%	94.12%	96.84%	87.30%	110
St. Luke's College of Nursing 17-505 Kansas City, MO		1	65	97.60%	89.50%	95.74%	94.12%	90.70%	43
Truman State University 17-572 Kirksville, MO		1	65	89.30%	90.00%	91.67%	94.12%	88.89%	36
UMKC-Kansas City 17-575 Kansas City, MO		1	80	N/A	N/A	N/A	N/A	94.12%	17
William Jewell College 17-560 Liberty, MO		1	60	79.30%	85.70%	100.00%	81.25%	97.22%	36

Summary of Actions

September 2005 Board Meeting

Education Matters

Student Enrollment Increases

- William Jewell College, BSN Program #17-560—request for temporary student enrollment was approved.

Relocation of Program

- Research College of Nursing, BSN Program #17-566—request to relocate was approved.
- Three Rivers Community College, ADN Program #17-437—request to relocate was approved.

Curriculum Changes

- Lutheran School of Nursing, Diploma Program #17-392—request for curriculum changes was approved.
- Southeast Missouri Hospital, ADN Program #17-424—request for curriculum changes was approved.
- Research College of Nursing, BSN Program #17-566—request for curriculum changes was approved.
- Deaconess College of Nursing, BSN Program #17-500—request for curriculum changes was approved.

Initial Approval

- Bolivar Practical Nursing Program
- Bolivar Professional Nursing Program
- Branson Practical Nursing Program
- Branson Professional Nursing Program

The following items were reviewed and accepted:

- 1 Five-Year Site Visit Report for an ADN Program

Discipline Matters

The Board held 5 disciplinary hearings and 20 violation hearings.

The Discipline Committee reviewed 170 RN and PN cases, 19 Litigation items and 18 disciplined licensee-meeting reports.

Licensure Matters

The Licensure Committee reviewed 25 applications and 13 cases of unlicensed practice. Results of reviews as follows:

Applications approved—8

Issued letters of concern—14

Issued grave letter of concern—1

Applications approved with probated licenses—5

Applications tabled for additional information—2

Applications denied—8

Practice Corner

Authored By Janet Wolken MBA, RN
Practice Administrator

**Missouri State Board of Nursing
Practice Committee Members**
Linda Conner BSN, RN, Chair
Amanda Skaggs, RNC, WHNP
K’Alice Breinig, RN, MN

Senate Bill 10

Senate Bill 10 was signed by Governor Blunt on 6/15/2005 and has changed some medications commonly prescribed by advanced practice nurses to a Schedule V, thus making them unable to prescribe the medications. Laws cannot be changed without passage of a bill through the state legislators. You can find information on how to contact legislators at www.moga.state.mo.us. Susan McCann, R.PH, Administrator with the Bureau of Narcotics and Dangerous drugs graciously provided an article about this subject. You will find her article in this newsletter.



Wolken

Graduate Advanced Practice Registered Nurse

The practice section has had numerous questions about how to apply for graduate recognition as an advanced practice nurse.

The first step to APRN recognition is to have a current permanent Missouri Registered Nurse license. If you are not currently licensed in Missouri, then the RN and APRN applications may be sent to the Board together.

To complete the graduate application process the following must be submitted:

- completed notarized *Advanced Practice Registered Nurse Application*
- required fee, currently \$150.00

- official transcript sent directly from the school or if a graduate wishes to pick it up from the school it must be submitted to the Board in a sealed envelope
- copy of the certifying body’s eligibility to test admission ticket with the start date on the ticket no later than three months from the official date of graduation
- statement signed by the applicant with the date and time of the scheduled exam which must be the first available exam

The process of applying for graduate recognition may be completed immediately upon graduation. Many employers request verification of graduate recognition from the Board of Nursing upon hire. A collaborating practice agreement may be entered into as a graduate APRN and the calendar month of practice at the same location may begin.

A *Missouri Consent to Release* form must be sent to the certifying body by the nurse so the Board may receive official notification from the certifying body of the APRN status. This form only needs to be sent to the Board from the certifying body one time (for initial verification). In future years each time the APRN renews with the certifying body the APRN may fax or mail a copy of their new card with the new end date to the Board. It is the responsibility of the APRN to renew the recognition with the board before it expires.

Within five days of receiving the exam results the graduate must fax or mail a copy of the exam results (pass or fail) to the board office. If a graduate has passed the exam the graduate must send a copy of the congratulatory letter with a date of when the certification must be renewed or a copy of the card with the date of when the certification must be renewed from the certifying body. If a graduate has failed the exam then graduate recognition ends upon receipt of the results.

The above information may be found in rule 4 CSR 200-4.100 (3) (B) 3. which states “Be within period between graduation from advanced nursing education program and the receipt of results of the first available certification examination administered after graduation by

a nationally recognized certifying body acceptable to the Missouri State Board of Nursing, followed by notification of results to the board within five (5) working days of receipt of results and, if notification is of unsuccessful certification examination results, then continued recognition and practice as an advanced practice nurse in Missouri must immediately be terminated;”

CSR 200-4.200 Collaborative Practice

Several calls pertaining to the number of APRNs one physician may enter into a collaborative practice agreement have been received. The answer may be found at CSR 22-4.200 (4) (C). If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two weeks, documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings the use of a collaborative practice arrangement shall be limited to only an advanced practice nurse and the physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent advanced practice nurses.

Another topic that has been inquired about is the need for a collaborative practice agreement. If an APRN chooses to perform delegated medical acts such as prescribing, treating, or diagnosing then a collaborative practice agreement with a physician is necessary. The method of treatment and the authority to prescribe must fall within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, and competence (4 CSR 200-4.200 (3) (A)). The agreement must be in writing with a date and signatures of both professionals “signifying that both are aware of the content and agree to follow the terms of the collaborative practice arrangement.” (4 CSR 200-4.200 (H))

4 CSR 200-4.100 (5) Advanced Practice Nurse Scope of Practice

An APRN must stay “within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within the education training, knowledge, judgment, skill, and competence as registered professional nurses.” This simply says that the APRN may practice within their recognized area or if an advanced practice nurse is practicing outside of their recognized clinical area then they must practice as a registered professional nurse (RN) and may not represent themselves as an advanced practice nurse in that area.

Investigations Corner

Authored by Quinn Lewis

Investigations Administrator

During every publication of the Board’s newsletter, I have tried to give our readers information explaining the board’s investigative process. This issue I will attempt to explain what is considered evidence and how it is collected during a nurse investigation. I think that it’s very important for everyone to understand what is considered evidence in a Board investigation. I have spoken before about how nurse investigations are unique. They are unique in a sense that the investigator is not responsible for interpreting the evidence they collect. Due to the nature of our cases, we are allowed to collect our evidence in a different manner than other regulatory Boards.

The majority of cases we investigate are related to diversion of controlled medications and criminal convictions rather than being practice related. However, don’t be discouraged by that fact considering we have over 100,000 nurses in our state and we receive complaints on less than 1%. It is even less discouraging when you consider the percentage of those complaints that are actually substantiated. The investigative percentages show that the majority of Missouri nurses do an outstanding job.



Lewis

Before adopting an investigative process, I feel you must first determine what evidence is required to prove your case and what is defensible in court. The board did a complete analysis of its process to determine what information is required to adequately investigate a complaint. The analysis showed that the evidence needed to substantiate nursing/regulatory complaints is documentation and witness statements.

Once it is established what evidence is needed to adequately investigate the allegation, the information must be collected. Each individual Board must decide on the most efficient way to collect its evidence. The Missouri State Board of Nursing decided that the most efficient way to collect its evidence/documentation is by mail.

The Board has subpoena power granted by Chapter 335.097, RSMo, Board of nursing, powers, enforcement. Paragraph 1 of this section states the following:

1. The president or secretary of the Board of nursing may administer oaths, issue subpoenas duces tecum and require production of documents and records. Subpoenas duces tecum shall be served by a person authorized to serve subpoenas of courts of record. In LIEU of attendance of a person to produce original documents in response to a subpoena duces tecum, the board may require sworn copies of such documents to be filed with it or DELIVERED to its designated representative.

Therefore, when an investigator determines what evidence/ documentation is pertinent to the case, he/she can subpoena that information and have it mailed to the board office. This allows an investigator to complete several complaints during the week instead of only one or none.

Statements from the licensee and witnesses must also be collected. This information is collected by mail or phone interview. Requesting a statement from the licensee by mail or by phone gives the nurse more confidentiality. The nurse is generally not contacted, in person, at home or at his/her place of employment. Contacting a nurse at their place of employment not only takes them away from their duties, it could also cause that nurse to be the subject of embarrassing gossip and inquiries. The Board realizes that an investigation is a very stressful time for a nurse. It is the Board’s intent to conduct its investigation without causing any undue stress to all involved.

When a nurse is notified of the complaint and he/she is asked to submit a statement, he/she can sit in the privacy of their home and write out a detailed account of the incident. The nurse is not under any stress that could influence their thoughts. The same applies for witnesses. We feel this is the most efficient way to obtain information and prepare a detailed and accurate report. Under special circumstances, an investigator will contact the parties involved in person.

When all of the above information is collected, the Board will have a complete report that should support or dismiss the allegation. After reading this information I hope that it gives readers a better understanding of what is considered evidence in a nurse investigation and how it is collected.



Licensure Corner

Authored by Kathy Tucker
Licensing Supervisor

**Missouri State Board of Nursing
Licensure Committee Members:**
Kay Thurston, ADN, RN, Chair
K’Alice Breinig RN MN
Charlotte York, LPN
Teri A Murray, PhD, RN

Unlicensed Practice

Over the past few months we have seen a tremendous increase in nurses practicing without a current license or temporary permit. This situation can cause a hardship for the nurse who has to cease practice until licensed and face possible discipline. The employer is inconvenienced by not having the licensed personnel needed and could have reimbursement issues for care billed to Medicare/Medicaid during the time of unlicensed practice. The majority of unlicensed practice seems to be individuals practicing as a graduate nurse in Missouri while in the process of obtaining their first license in another state with the intent to then apply for Missouri licensure by endorsement. An individual may practice as a graduate nurse after graduation and until s/he has received the results of the first licensure examination or until ninety (90) days after graduation whichever first occurs. If a nurse is obtaining his/her first license in another state, it is unreasonable to require that nurse to stop practice when pass results are received. Therefore, the Board allows another 30 days from the time that graduate nurse receives his/her pass results from the other state in order to obtain a Missouri temporary permit.



Tucker

Improved Fingerprint Process

For initial licensure in the State of Missouri all applicants are required to submit two (2) completed fingerprint cards and fingerprint fee in order for a Missouri State Highway Patrol and FBI background check to be conducted. It has been taking 10-12 weeks to receive these results. To better serve applicants the Missouri State Highway Patrol, Criminal Records and Identification Division (CRID), has partnered with Identix Identification Services (IIS) to provide a new option in applicant fingerprint processing. Processing centers are being

established throughout the state to take applicant fingerprints and identifying information for electronic submission to CRID for processing.

Advantages of electronic submission are as follows:

- Convenient locations for applicants throughout the State of Missouri within a 50 mile radius of home.
- No messy ink.
- Faster response time.
- Added security in confirming fingerprints are from individual submitting application.
- No rejections due to poor quality prints.
- Results received within five (5) business days after the applicant has been printed, notification of the results will be sent to the agency from the CRID.

Initial licensure applicants are required to contact Identix at 866-522-7067 or visit www.identix.com/iis to schedule a fingerprinting appointment. Currently there are about 35 fingerprinting locations throughout the state of Missouri. A list of locations is available by calling Identix or by accessing their web site.

Currently there are about 35 fingerprinting locations throughout the state of Missouri. A list of locations is available by calling Identix or by accessing their web site.

Initial licensure applicants are required to contact Identix at 866-522-7067 or visit www.identix.com/iis to schedule a fingerprinting appointment. When scheduling the appointment, the applicant needs to indicate the reason to be fingerprinted (i.e, nursing license). At the appropriate time, the applicant should arrive at the appointment with a driver’s license or other valid form of identification and the proper payment. A technician will scan the fingerprints and submit the data. This normally takes less than five minutes. A signed receipt will be provided at the end of the fingerprinting session which then must be submitted to the Board with the application as proof of fingerprinting. The results will be sent directly to the Board from the Missouri State Highway Patrol.

The new system was available July 20, 2005 and has been very successful. Background checks processed through this

new method are received and processed by our Staff in about 10 days. That is a tremendous improvement from 10-12 weeks.

The Importance of Notifying the Board Office of Name and Address Changes

Nurses are required by rule to keep the Board informed on their current name and/or address. The rule, 4 CSR 200-4.020, states that a nurse must inform the Board if a change of name and/or address has occurred since the issuance of the current license.

Name and/or address changes must be submitted in writing. For your convenience, we have included a change of address form located on page 22.

Scheduling of Pseudoephedrine Products

Authored by Susan McCann, R.Ph., Administrator
Bureau of Narcotics & Dangerous Drugs
Section for Health Standards and Licensure
Division of Regulation and Licensure
Missouri Department of Health and Senior Services

On June 15, 2005, Governor Matt Blunt signed into law strong measures to combat the manufacture of methamphetamine (meth) in Missouri, the state that has led the nation in meth lab seizures in the past four years.

The law, which Governor Blunt called for in his State of the State address, was designed to make it difficult for meth makers to get key ingredients they need to manufacture the illegal drug. This was accomplished by establishing that any product containing pseudoephedrine and multi-ingredient products containing ephedrine in

solid dosage forms are Schedule V controlled substances. Prescription medications containing pseudoephedrine or ephedrine in combination products are also impacted by this scheduling action.

Effective upon the Governor’s signature, prescriptions for the newly scheduled legend products must be issued by a practitioner with controlled substance authority. Only practitioners with independent controlled substance authority may maintain stock of these medications, including samples. As advanced practice nurses do not have independent controlled substance authority, they may no longer prescribe these products in solid dosage forms. As with other controlled substances stocked by practitioners with controlled substance authority, these products may be dispensed or administered as allowed by laws and regulations pertaining to the practice of nursing and medicine. All controlled substance record keeping and security requirements apply to these products.

As of July 15, 2005, sales of over-the-counter solid dosage forms of products containing pseudoephedrine and multi-ingredient products containing ephedrine may only be made from behind the counter in a pharmacy, by a pharmacist or pharmacy ancillary personnel. Consumer purchases will be limited to no more than nine (9) grams of scheduled product in any thirty (30) day period. These quantity restrictions do not apply to medications dispensed pursuant to a prescription.

In order to further discourage individuals from trying to purchase these products to produce meth, customers’ names will be recorded in a written or electronic log and they may be asked for photo identification. Customers also must be 18 years of age to purchase these products in a pharmacy.

Pseudoephedrine and multi-ingredient ephedrine products that are in liquid or liquid-filled gel capsules are exempt from these new scheduling requirements. Controlled substance authority is not required to prescribe products in these dosage forms. Liquids and liquid-filled gel capsules will continue to be available from outlets such as convenience and grocery stores. Individuals may not purchase more than a combined total of nine (9) grams of pseudoephedrine and ephedrine in liquid or liquid-filled gel capsule form in any single transaction. These quantity restrictions do not apply to medications dispensed pursuant to a prescription.

Additional information and guidance documents available at the Department of Health and Senior Services’ website: www.dhss.mo.gov/BNDD/ or by contacting the Bureau of Narcotics and Dangerous Drugs at 573-751-6321.

Former State Nursing Board President Receives National Recognition for Leadership



Robin Vogt (left) receives award from NCSBN President, Donna Dorsey (right).

Dr Robin Vogt, PhD, RN, FNP-C, recent past president of the Missouri State Board of Nursing, was awarded the Exceptional Leadership Award by the National Council of State Boards of Nursing during their annual awards luncheon at the 2005 NCSBN Delegate Assembly held in Washington, D.C.

Dr. Vogt served as President 4 of the 8 years she served on the Missouri State Board of Nursing. The Exceptional Leadership Award is granted to an individual who has served as a Member Board President within the past two years and who has made significant contributions to NCSBN. The award is presented annually to one recipient.

During her tenure as Board President, Dr. Vogt demonstrated leadership by willingly giving of her time and expertise to direct the functioning of the Board. She was considered an expert on the Board’s budget, was instrumental in revising the Board’s investigation process that resulted in a 63% cost savings and a 53% time savings, and was an example of leadership to both Board colleagues and the professional staff in her dedication, professionalism and devotion to the task.

Dr. Vogt graduated from Burge School of Nursing/Drury College in 1982 and received a Bachelor of Science in Nursing from New York Regents in 1995. She continued her education, receiving a Master of Science in Nursing/Family Nurse Practitioner from Clarkson College in 1997 and a PhD in Health Administration from Kennedy-Western University in 2001.

She has worked as a neonatal flight nurse, a trauma nurse coordinator, a cardiac rehabilitation nurse, an adult ICU nurse, and an emergency room nurse. Currently, Dr. Vogt is a Board-recognized Family Nurse Practitioner and works full time for Royal Oaks Hospital in Windsor, Missouri. She served for four years on NCSBN’s Nursing Practice, Regulation and Education Committee and currently is a member of the Board of Trustees, Lester L Cox College of Nursing and Health Sciences.

One of her many passions is Disaster Preparedness. Dr. Vogt was instrumental in the development of a Bioterrorism Disaster Plan for her place of employment. She authored a chapter titled, “Protecting the Populace” in the nursing textbook, *Advancing Your Practice: Concepts of Professional Nursing* published in 2005 and helped to secure a \$300,000 grant for the Board of Nursing to develop a registry of volunteers tied to the licensure system. She is a champion of positive nursing legislation including Nurse Licensure Compact, Bioterrorism preparedness and improvements for Advanced Practice Registered Nurses.

A Tale of Two States

Authored by Dan West
 Board President
 Arkansas State Board of Nursing
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It’s no news to any of you by now that many cities on the Gulf Coast were decimated by hurricane Katrina. Among the hundreds of thousands of evacuees were many nurses. Some of those nurses came to Arkansas, but there was a difference between the ways that these nurses went about finding employment.

The Board of Nursing in Mississippi is a member of the Interstate Nurse Compact. Louisiana is not. The Board of Nursing in Mississippi participates in a database called Nursys. Louisiana does not.

By now, most nurses whose permanent residence is in Arkansas are familiar with the Compact. Just as you don’t have to have a Mississippi driver’s license to drive through Mississippi, you no longer need a Mississippi nursing license to work in Mississippi (or 19 other states) as long as you maintain your residence in Arkansas.

Many of you may not be familiar with Nursys, however. It is a database that Boards of Nursing in 31 states use to share data about their nurses. Almost all of the states share their disciplinary data about their nurses. This speeds the process of licensing nurses from non-compact states, and increases the efficiency with which disciplinary information is shared.

So what does that have to do with the hurricane? It means that if you evacuated to Arkansas from Mississippi, you could take a job at the first employer you came across. But if you evacuated from Louisiana, you would first have to acquire an Arkansas license. Even if you chose to evacuate to a non-compact state, you would still be better off if you were licensed in Mississippi than Louisiana, because Mississippi participates in Nursys. In a normal situation, Nursys speeds the endorsement process. When the offices of the Board of Nursing in the state that the nurse wishes to endorse from is underwater, though, Nursys is invaluable.

Everyone saw evacuee centers spring up across the country, but no state came even close to accepting as many evacuees as Texas. Many Arkansas nurses volunteered to help at evacuee centers, both here and in other states. Thanks to the nurse compact, it was easier for an Arkansas nurse to help at an evacuee center in Houston than it was for a Louisiana nurse who had been evacuated to that center.

You might think that I’m preaching to the choir, since Arkansas was a leader in both the Compact and Nursys, but this magazine goes to every nurse licensed in Arkansas. Many of those nurses don’t live in Arkansas, but are required to have an Arkansas license to work here because their home states are not members of the Compact.

Some of the biggest states in the country are still not members of the Compact. I’m sure that after 9/11, the Gulf States felt comfortable that a disaster of that scale would never affect them, and I’m sure that many of you reading this from other states feel that this much devastation couldn’t happen in your state. Well, disasters are going to happen, either natural or man-made, no matter where you live. This might be a good time for those of you living in non-Compact states to start lobbying your Board of Nursing and your Legislature to become a part of the Compact. There are as many reasons for not joining the Compact as there are states that haven’t, but most of these revolve around money. It is true that Boards in Compact states lose the license fees that they might otherwise receive from nurses who practice in their state while living in another state, but of the 20 boards that have joined the compact, none have declared bankruptcy. It is also true that striking nurses can be replaced more quickly in a Compact state, but I also know that the federal government requires a union to give notice of a strike so there is time to get individuals licensed anyway.

I guess what I’m saying is, it’s time for both nurses and their Boards of Nursing to quit worrying about their pocketbooks and start looking at the bigger picture. It’s unfortunate that it took a disaster the size of Katrina to open some eyes, but it would be even more unfortunate if nothing changed as a result..

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions for the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
Michel Roslind McPherson Gladstone, MO	RN2005026755	Section 335.0661.1 and .2(2), RSMo 2000 On 9/20/00, Licensee pled guilty to possession of less than 35 grams of marijuana and drug paraphernalia. On 2/22/01, Licensee pled guilty to possession of ephedrine with intent to manufacture methamphetamine or its analogs. On 2/22/01, Licensee pled guilty to one count of attempted maintaining of public nuisance.	8/8/2005 to 8/8/2010
Joseph Michael Moler Independence, MO	RN2005026748	Section 335.066.1 and .2(2), RSMo 2000 On 8/9/96, Licensee pled guilty to driving while intoxicated. On 8/24/98, Licensee pled guilty to felony property destruction and defacement. On 2/20/02, Licensee pled guilty to DWI.	8/17/2005 to 8/17/2008
Cokeisha Lenae Williams St. Louis, MO	RN2005026758	Section 335.0661.1 and .2(2), RSMo 2000 On 2/27/01, Licensee pled guilty to the class D felony of Resisting Arrest.	8/18/2005 to 8/18/2008

CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Russell Lane Banks Jefferson City, MO	PN2001026430	Section 335.066.2(2), RSMo 2000 On 8/23/03, Licensee pled guilty to Class A misdemeanor of Theft/Stealing.	7/7/05
Sheila Gay Boismenu Collinsville, IL	PN2004023126	Section 335066.2(5), (6) and (12), RMSo 2000 On 8/15/02, Licensee submitted an application for license as a Licensed Practical Nurse by Endorsement and received a temporary permit to practice as a licensed practical nurse in Missouri. Licensee’s permit to practice as a licensed practical nurse expired on 2/15/03, as Licensee failed to meet the qualifications for licensure with the Board. On 6/02/04, Licensee submitted a second application for licensure as a licensed practical nurse by endorsement and the necessary fee. On 8/23/04, Licensee’s second application for licensure as a licensed practical nurse by endorsement was approved. From 2/16/03 through 5/25/04, Licensee practiced as a licensed practical nurse.	7/23/2005
Davene L Green Lake St. Louis, MO	RN066016	Section 335.066.2(4), (5) and (12), RSMo 2000 In 8/02, Licensee was hired by a school of nursing under the false pretense that she would complete and be awarded a MSN degree during the month of August. Licensee did not obtain the MSN during August and worked for over a year in the faculty position at the school of nursing without having obtained the MSN degree.	7/25/2005

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Sheri Lynn Alexander St. Charles, MO	RN2000146575/ PN056596	Section 335.066.2(2), (5), and (15), RSMo 2000 On 11/26/02, Licensee misappropriated seven Oxycontin pills that belonged to a resident of the facility. On 5/30/03, Licensee pled guilty to stealing a controlled substance, a Class C felony. On 6/4/03, the Department of Health and Senior Services placed Licensee on its EDL for one year.	Probation 8/3/2005 to 8/3/2006
Diane E Barnes Branson, MO	RN096192	Section 335.066.2, (5) and (6), and RSMo 2000 On 12/17/99, as a Certified Nurse Midwife, Licensee went into a Collaborative Practice Agreement with a physician whose general practice skills, training, education & competence are consistent with that Licensee’s scope of practice.	Probation 8/3/2005 to 8/3/2008
Rhonda Marlene Billmeyer St. Louis, MO	RN2003022368	Section 335.066.2, (1), (5), (12) and (14), RSMo 2000 On 6/7/04, Licensee diverted Dilaudid for her personal use. Licensee obtained Dilaudid in the name of a patient who had been discharged and who did not have orders for Dilaudid. On 6/8/04, Licensee submitted to a urine drug screen which was positive for Dilaudid. On 7/9/04, Licensee returned to work. Upon her return to work, Licensee signed a “Continued Recovery Agreement” in which Licensee promised to refrain from use of controlled substances without a valid prescription. On 8/5/04, Licensee submitted to a urine drug screen which was positive for the presence of Dilaudid.	Probation 9/1/2005 to 9/1/2009
Kay M Breithbarth St. Louis, MO	PN021272	Section 335.066.2(5) and (12), RSMo 2000 From 1/96 through 11/01, Licensee formed an inappropriate relationship with a family member of a resident. Licensee accepted gifts, cash/checks and money market fund accounts from the family member.	Probation 8/2/2005 to 8/2/2007
Tammy K Brenner Liberty, MO	RN127970	Sections 321.110, RSMo 2000 and 335.066.3, RSMo 2000 On 2/19/04, Licensee pled guilty to Count I, possession of a controlled substance (methamphetamine).	Probation 8/3/2005 to 8/3/2010
Karin R Budelovich Kansas City, KS	RN147883	Section 335.066.2(5), (12) and (14) RSMo 2000 On 9/26/03, Licensee wrote orders, which indicated they were authorized by a physician and prescribed an antibiotic (Keflex) to a patient. The physician did not authorize Licensee to order or dispense the antibiotic. Between 3/17/04 and 3/19/04, License failed to make or failed to document eight scheduled visits with hospice patients which were listed on Licensee’s schedule for the days in questions.	Probation 7/23/2005 to 7/23/2007
Tisha Denise Clary Dexter, MO	RN2002019508	Section 335.066.2(1), (5), and (12), RSMo 2000 On 1/23/04, Licensee purchased and consumed alcohol during a scheduled work shift.	Probation 6/17/2005 to 6/17/2010
Annette Compton Battlefield, MO	PN043779	Section 335.066.2(1), (5), (12), (14), RSMo 2000 On 1/7/04, Licensee misappropriated Oxycodone prescribed for residents for her own consumption. Licensee falsified drug administration records for at least nine residents by indicating that the Oxycodone was given when it was not actually given or by forging the signatures of other nurses.	Probation 7/1/2005 to 7/1/2010
Susan Darr Kansas City, MO	RN126054	Section 335.066.2(4), (5), and (12), RSMO 2000 On 8/27/2003, Licensee falsely documented that she visited an assigned home health patient; the patient was hospitalized at that time. On 9/3/03, Licensee falsified discharge documents for the patient.	Probation 7/9/2005 to 7/9/2007
Rebecca D Goth Deepwater, MO	PN2004033212	Section 335.066.2(1) and (14), RSMo2000 On 8/19/04, Licensee submitted to a post-offer, pre-employment drug screen, which tested positive for the presence of Marijuana.	Probation 8/16/2005 to 8/16/2006
Holly M Gray Rock Port, MO	PN050456	Section 335.066.2, (3), (4), (5), (6) and (12), RSMo 2000 Licensee’s nursing license expired on 5/31/04. On 7/8/04, Licensee submitted the required renewal application. From 6/1/04 through 7/12/04, licensee practiced as a nurse. On 7/7/04, Licensee altered her nursing license to reflect that her license expired on 5/31/06 and provided a copy of the falsified license to her employer as proof of her licensure status.	Probation 7/5/2005 to 7/5/2006
Patti M Grigsby Joplin, MO	RN085332	Section 335.066.2(5) and (12) RSMo 2000 Between 6/12/04 and 7/25/04, Licensee, on seven occasions, either did not accurately document the controlled substance withdrawn, administered and/or wasted or did not accurately administer all medication withdrawn, if not wasted.	Probation 6/17/2005 to 6/17/2006
Matthew Y Hunter Stanberry, MO	RN110649	Section 335.066,2 (1), (5) and (12), RSMo 2000 On 10/6/04, Licensee reported to work under the influence of alcohol. Licensee reported to work with the smell of alcohol on his breath; as a result, Licensee was submitted to an alcohol urinalysis, which tested positive for the presence of alcohol and revealed a blood alcohol concentration of 0.12% NG/DL.	Probation 8/5/2005 to 8/5/2008

Probation List continued from page 17

Name	License Number	Violation	Effective Date of Probation
Kimberly S Jones Holden, MO	RN149592	Section 335.066.2(1), (2), and (14), RSMo2000 On 3/5/03, Licensee admitted to using Marijuana and Methamphetamine. On 1/16/04, Licensee pled guilty to two counts of Endangering the Welfare of a Child, a Class D Felony.	Probation 8/3/2005 to 8/3/2008
Kelly Dawn Kelley Brumley, MO	PN2003009888	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 1/2/04, Licensee submitted to a urine drug screen, which tested positive for the presence of Methamphetamine. On 1/5/04, while Licensee was working 11-7 shift, Licensee exhibited impaired behavior, including sleeping on the job and failing to give a resident the proper amount of Isosource.	Probation 8/5/2005 to 8/5/2008
Gene Vernon Knapp Staunton, IL	RN104258	Section 335.066.2(5) and (12), RSMo 2000 On 5/28/04, Licensee forced a resident out of the resident's bed and into the shower against the resident's wishes. The resident suffered skin tears on both arms, some of which were bleeding.	Probation 8/11/2005 to 8/11/2006
David C Logue Ellington, MO	RN124129	Section 335.066.2(5) and (12), RSMo 2000 On 2/26/04, Licensee was working the 7:00 pm to 7:00 am shift and was assigned to perform an admission assessment to provide care to a newly admitted patient. The newly admitted patient had verbal doctor's orders for a complete tracheostomy care during each shift using hydrogen peroxide and normal saline. The verbal orders also required that the patient's tracheostomy be suctioned every 2 to 4 hours. At 2:00 pm on 2/27/04, it was discovered that there was no suction equipment or tracheostomy care kits in the patient's room. On 2/26/04, Licensee failed to properly provide tracheostomy care, failed to suction the patient's tracheostomy as required by the doctor's orders and failed to properly chart the patient's records by failing to indicate that he made a late entry regarding cardiac/respiratory care in the patient's medical chart.	Probation 8/4/2005 to 8/4/2006
David W Lunceford Mexico, MO	RN137216	Section 335.066.2(1), (2), (5), (12), RSMo 2000 On 4/12/04 at 1:17 a.m., while on duty, Licensee was reported for smelling of alcohol; a blood sample from the licensee tested a B.A.C. of .083%. Licensee admitted to consuming beer a few hours prior to reporting to work that day. On 7/21/04, Licensee pled guilty to a DWI.	Probation 7/2/2005 to 7/2/2008
Kathleen S Margedant Blue Springs, MO	RN138749	Section 335.066.2(1) and (14), RSMo 2000 On 7/28/04, Licensee submitted to a post-offer, pre-employment drug screen, which tested positive for the presence of Marijuana.	Probation 8/19/2005 to 8/19/2006
Tammy Lanata Martin Crane, MO	PN2000169819	Section 335.066.2(5), (6), and (12), RSMo 2000 On 4/5/04, Licensee administered 10,000 units per ml. of cardiac Heparin I.V. through a port in a patient's chest. The proper protocol for the patient was to receive 500 units per ml. Heparin.	Probation 7/1/2005 to 7/1/2006
Diane R Mauro Easton, KS	RN109190	Section 335.066.2(1), (5), (12), and (14), RSMo2000 On 8/23/04, Licensee submitted to a urine drug screen which was positive for the presence of cocaine.	Probation 8/16/2005 to 8/16/2008
Beverly McGhee St. Louis, MO	RN074612	Section 335.066.2(5), (12), RSMo 2000 From 8/18/03 to 8/29/03, Licensee failed to document the administration and/or wastage of seven withdrawals of controlled substances from the Pyxis. During the same time period, Licensee, on several occasions, withdrew controlled substances from the Pyxis at intervals not prescribed in physician orders.	Probation 7/1/2005 to 7/1/2006
Patricia A McGhee St. Louis, MO	RN087429	Section 335.066.2(5), and (12), RSMo 2000 On 11/21/03, Licensee administered the morning medications to residents without consulting the residents' medication administration records and failed to notice that the previous shift had already administered the morning medications before Licensee arrived. As a result of the Licensee's failure to consult the MARS, every resident who received morning medications received those medications twice on the morning of 11/21/03.	Probation 7/1/2005 to 7/1/2007
Kristine Louise Monti St. Louis, MO	RN2002026663	Section 620.153, RSMo 2000 On 1/8/04, Licensee violated the terms and conditions of the Settlement Agreement by testing positive for cocaine and opiates.	Probation 8/3/2005 to 8/3/2008
Rebecca L Newcomb Eugene, MO	PN046864	Section 335.066.2(5), (6) and (12), RSMo 2000 From 6/1/00 through 8/12/02, Licensee practiced nursing with a lapsed license.	Probation 7/7/2005 to 7/7/2006
William L Pearson Poplar Bluff, MO	RN129558	Section 335.066.2(1), (5) and (12), RSMo 2000 On 11/3/02, while on anesthesia call, Licensee was called to the hospital to assist on an emergency C-Section. Licensee reported to work with an odor of an alcoholic beverage on his person. Licensee submitted to a urine drug screen, which confirmed an alcohol level of .1245%.	Probation 8/23/2005 to 8/23/2007

Probation List continued from page 18

Name	License Number	Violation	Effective Date of Probation
Jessica Pryor St. Louis, MO	RN 2002020428	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 Beginning in 7/03 until 4/04, Licensee diverted Morphine from her employer.	Probation 7/1/2005 to 7/1/2009
Loretta Rushing St. Louis, MO	PN033546	Section 335.066.2(5) and (12), RSMo 2000 On 2/4/04, a plastic bag containing 151 unit doses of various medications was found in Licensee’s personal locker; Licensee assumed possession and control of client medications instead of returning the medications to the pharmacy.	Probation 8/18/2005 to 8/18/2008
Elizabeth C Scott Shawnee, KS	RN110987	Section 335.06.2(1), (5), (12), and (14), RSMo2000 From 6/7/04 to 6/17/04, while on duty, Licensee repeatedly misappropriated Fentanyl for her personal consumption.	Probation 8/18/2005 to 8/18/2009
Andrea Yolanda Scott Jefferson City, MO	PN2004010961	Section 335.066.2(1) and (14), RSMo 2000 On 10/14/04, Licensee submitted to a post-offer, pre-employment drug screen, which tested positive for the presence of Marijuana.	Probation 8/18/2005 to 8/18/2006
Karen R Shirley St. Peters, MO	RN059364	Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000 In 12/01, Licensee charted student visits with another nurse and forged that nurse’s initials. Licensee charted student visits with another nurse as visits with the licensee and altered a student’s medical record.	Probation 8/3/2005 to 8/3/2007
Karen L Siegrist St. Louis, MO	RN080176	Section 335.066.2(6), RSMo 2000 From 5/1/02 to 10/28/04, Licensee practiced nursing with a lapsed license.	Probation 7/9/2005 to 7/9/2006
Eleanor Harris Smith St. Louis, MO	PN044296	Section 335.066.2(5), (6), (10) & (12) RSMo 2000 On 3/28/04, Licensee directed a certified nurse aide to withdraw and administer medications to patients, including controlled substances. Said nurse aide was not certified as a medication technician. On 6/1/04, Licensee’s license to practice as a licensed practical nurse expired. From 6/1/04 to 12/13/04, Licensee practiced as a licensed practical nurse. On 12/23/04, Licensee submitted the necessary LPN Petition for License Renewal and fees to renew her lapsed license. Licensee falsified her Renewal Petition by answering “No” to the following question: “I have practiced nursing in Missouri while my license was inactive/lapsed.”	Probation 8/19/2005 to 8/19/2006
Edna C Stinn Willow Springs, MO	PN026247	Section 335.066.2(1) and (14), RSMo 2000 On 2/5/03 and 2/12/03, Licensee submitted to a urine drug screen which tested positive for Amphetamine and Methamphetamine.	Probation 8/3/2005 to 8/3/2008
Colleen M Sullivan St. Louis, MO	RN083493	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 11/04 to 12/04, Licensee repeatedly misappropriated Demerol from her employer for her own personal consumption.	Probation 8/31/2005 to 8/31/2010
Rebecca L Wilson Sparta, MO	RN147137	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 10/7/02, Licensee was charged with Possession of Controlled Substance. Around August and September 2002, Licensee admitted that on 3 or 4 occasions that she had stolen Morphine from her employer and subcutaneously injected the Morphine.	Probation 6/18/2005 to 6/18/2006
Miriam S Wright Phoenix, AZ	RN152822	Section 335.021, RSMo2000 On 4/23/03, the Louisiana State Board of Nursing received an Application for Licensure as a Registered Nurse by Endorsement for the State of Louisiana and Licensee received a temporary endorsement on 4/28/03. On 4/15/03, Licensee signed an Application for Licensure as a Registered Nurse by Endorsement for the State of Louisiana. Within this document, Licensee checked “no” to the question number 3 under Section III, reading in part “Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state or country?” On 6/03/03, the Louisiana State Board of Nursing received results of the criminal background check as issued by the United States Department of Justice, Federal Bureau of Investigation Criminal Justice Information Services Division as follows: On 2/18/2000, arrested in Phoenix, Arizona for: Charge 1— DUI-Liquor/Drugs Vapors/Combo Charge 2—DUI-with BAC of .10 or more Charge 3—DUI- Extreme DUI—BAC .15 or more	Probation 6/28/2005 to 6/28/2006
Sandra E Wynn Sikeston, MO	RN2001027714	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 9/30/03, Licensee was found to be in possession of 50 tablets of Risperdal, 2 tablets of Xanax, and unknown quantity of Ativan, antihistamine syrup and a sulfa liquid.The medications were prescribed to patients who had either been discharged or were deceased.	Probation 6/17/2005 to 6/17/2007

Probation List continued. from page 19

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Sheila Kaye Hart-McKellar Rolla, MO	RN2002014012	Section 355.066.2(1), (2), (5), (12) and (14), RSMo 2000 From 11/03 through 1/04, while on duty, Licensee repeatedly misappropriated Demerol and Morphine on more than one occasion for her personal consumption, which she self-injected while on duty. On 2/18/04, Licensee pled guilty to the Circuit Court, to the crime of stealing.	Suspension 7/23/2005 to 7/23/2006 Probation 7/24/2006 to 7/24/2011
Bobbi L Mulkins Overland Park, MO	RN140703	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. On 9/21/04, Licensee self reported that she had relapsed on alcohol on 10/14/04 and 3/31/05.	Suspension 8/3/2005 to 8/3/2006 Probation 8/4/2006 to 8/4/2011

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Leslie A Alvarado Hermosa Beach, CA	RN065253	Section 621.045.3, RSMO 2000 On 8/11/04, the Licensee’s California nursing license was revoked.	Revoked 8/31/2005
John Andrew Goodman Draper, UT	PN2003004631	Section 335.021, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 8/3/2005
Amber Michelle Hearn Olathe, KS	PN2002013553	Section 335.066.2 Licensee entered a guilty plea to Class C felony possession of a controlled substance, consisting of two dextroproxyphene pills.	Revoked 8/3/2005
Dyann Lynn Lopez Republic, MO	PN2003027811	Section 335.066.2 (5) and (12), RSMo 2000 On 7/29/04 Licensee, under the influence of alcohol and while off-duty, entered where she was employed through the employee access entrance. Licensee allowed her husband to enter the facility with her through the employee entrance. While inside the facility, Licensee showed her husband some of the facility patients’ medical charts, thus allowing him to view patient protected health information. While inside the facility, Licensee escorted her husband to a patient’s room. Patient suffered from Alzheimer’s disease, a disease that enlarged the size of his testicles. While in the patient’s room, Licensee lifted the patient’s gown and exposed his genitalia so that her husband could see the size of his testicles. Licensee also touched the patient’s genitals in order to allow her husband a better view of the patient’s testicles.	Revoked 6/20/2005
Pamela S McCrary Pattonsburg, MO	RN110287	Section 335.021, RSMo 2000 Licensee violated the terms of her disciplinary agreement by not submitting the required documentation.	Revoked 8/3/2005
Michelle Elaine Portalatain St. Louis, MO	PN2003012236	Section 335.610 and 620 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 8/3/2005
Kimberly M Thomas Roseburg, OR	RN138514	Section 335.066.2(5) and (12), RSMo 2000 Between 6/3/02 and 6/11/02, Licensee withdrew Morphine on numerous occasions that was not ordered for patients and/or failed to document the administration or wastage of the medication.	Revoked 8/3/2005
Martin S Wilsoncroft Tempe, AZ	RN100252	Section 335.021, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 8/3/2005

Probation List continued from page 20

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Volunteer Surrender
Cathy J Browning Neosho, MO	RN075478	Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by not attending the meeting and by not submitting the required documentation.	7/16/2005
Christina M Glammeier Edwardsville, KS	RN149706	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 11/23/04 and 12/7/04, Licensee self-reported to the Board that she had relapsed on alcohol on 10/22/04, Licensee violated of the terms of discipline set forth in the agreement.	8/5/2005
Kimberly Kay Snyder Fort Wayne, IN	RN136987	Section 335.066.2(8), RSMo 2000 In 2/03, the Indiana State Board of Nursing placed the Licensee’s nursing license on indefinite suspension. On 7/18/03, the Ohio Board of Nursing revoked the Licensee’s nursing license.	6/18/2005
Patricia A Thornton Aurora, MO	PN027064	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 5/18/03, Licensee submitted to a drug screen which tested positive for the presence of Marijuana.	7/9/2005

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(4 CSR 200-4.020 (15)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>